Ç.	unnlama	ental Independent				SUPPLEMENTA	L INDEPENDE	NT EXPE	-ENDITUR				
Expenditure Report (Government Code Sections 84203.5)			Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		Date Stamp 3/21/2014	CALIFORN FORM	IIA 4	405				
SEE	E INSTRUC <u>TI</u>	ONS ON REVERSE	■ Amendment (Explain Bel	ow) through 12/31/20	13		Page ¹	age 1 of 8					
	Amendment No 001		Amend to add an additional expense	Date of election if applicable: (Month, Day, Year)			ial Use C						
		Report No 163104 ie	-	6/3/2014									
1.	Commit	tee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient com	nittee)							
	COMMITTEE/	FILER'S NAME	000212	NAME OF TREA	SURER								
		ospitals Committee on Issues, (CHCI) Sponsore	d by California Association of Hospitals	Mr. Thomas W.	Hiltachk								
		ystems (CAHHS)		MAILING ADDRI	SS								
	STREET ADD	RESS (NO P.O. BOX)											
				CITY		STATE ZIP COI	DE AREA (CODE/PHC	NE				
	CITY	STATE	ZIP CODE AREA CODE/PHONE	OITT		OTATE ZII OOI	JE MILA	JOBE/I IIC) NL				
	Sacramento	CA	95814	Sacramento		CA 95814	(916) 4	42-7757					
	OPTIONAL: F	AX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS								
2.	Name of	Candidate or Measure Sup	pported or Opposed					CUE	CK ONE				
	NAME OF CAN	<u> </u>	- грания	OFFICE SOUGHT OR HE	LD AND DISTRICT,	IF APPLICABLE		SUPPOR					
	Medi-Cal Fund	ding and Accountability Act of 2014 AG#13-00)22					X					
	NAME OF BAL	LOT MEASURE		BALLOT NO./LETTER	JURISDICTION			SUPPOR	T OPPOS				
					STATEWIDE								
3.	Indepen	dent Expenditures Made At	ttach additional information on approp	riately labeled continuation	sheets.								
	DATE	NAME AND ADDRE	SS OF PAVEE	DESCRIPTION OF	EYPENDITLIBE	AMOUNT	I CA	LATIVE TO	YEAR				
12/	30/2013	J. Moore Methods, Inc.		DEPENDENT EXPENDITUE			\$736,660.06	N.1 - DEC	,.31)				
12/.	30/2013	Sacramento, CA 95814	OPI	POSING OTHERS	LES BOTT ORTHOG	ψ30,700.00	4730,000.00						
			Poll	ling									
12/3	3/2013	Arno Petition Consultants		DEPENDENT EXPENDITUR	ES SUPPORTING	/ \$200,000.00	\$736,660.06						
		Carlsbad, CA 92008		POSING OTHERS nature Gathering									
				···· · · · · · · · · · · · · · · · · ·									
12/3	31/2013	Arno Petition Consultants Carlsbad, CA 92008	OPI	DEPENDENT EXPENDITUR POSING OTHERS	ES SUPPORTING	\$118,437.65	\$736,660.06						
			Sign	nature Gathering									

	nental Independent iture Report	Type or print in ink. Amounts may be rounded	Report covers	s period	SUPPLEMENT Date Stamp 3/21/2014	CALIFORNIA	ASE
	Code Sections 84203.5)	to whole dollars.	from			FORM	1 05
EEE INSTRUCTIONS ON REVERSE		Amendment (Explain Below	v) through <u>12/31/20</u>	13		Page <u>2</u> o	f <u>8</u>
	Amendment No 001	Amend to add an additional expense	Date of election i (Month, Day	f applicable: /, Year)		For Official Us	e Only
	Report No		6/3/2014				
1. Comm	nittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient committee	ee)		
COMMITTI	EE/FILER'S NAME		NAME OF TREA	SURER			
STREET A	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE/I	PHONE
OPTIONAL	.: FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2 Name	of Candidate or Measure Supp	orted or Opposed					
	CANDIDATE	опос от орровос	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF A	PPLICABLE		PORT OPPOSE
NAME OF E	BALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPF	PORT OPPOSE
•	endent Expenditures Made Attac	h additional information on appropria				CUMULATIVI CALEND,	E TO DATE AR YEAR
DATE 12/27/2013	NAME AND ADDRESS		DESCRIPTION OF DESIDENT EXPENDITUE		\$25,950.00	(JAN.1 - E	DEC.31)
12/2//2013	Santa Cruz, CA 95062 OPPOS		DEPENDENT EXPENDITURES SUPPORTING / \$25,950.00 \$.00 POSING OTHERS iition Circulating in Support of Initiative AG#13-0022				
12/27/2013	Carl Schmitt Friant, CA 93626	INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022		\$13,046.50	\$.00		
12/24/2013	Discovery Petition River Pines, CA 95675	OPPC	PENDENT EXPENDITUR OSING OTHERS on Circulating in Support of		\$15,627.00	\$.00	

	nental Independent	Type or print in ink.	Report covers	s period	Date Stamp	CALIFORNIA				
	ture Report ode Sections 84203.5)	Amounts may be rounded to whole dollars.	from		3/21/2014	FORM	465			
SEE INSTRUC	TIONS ON REVERSE	Amendment (Explain Below	v) through 12/31/20	13		Page <u>3</u>	of <u>8</u>			
	Amendment No $\ \underline{}^{001}$	Amend to add an additional expense	Date of election in (Month, Day	f applicable:		For Official U				
	Report No 163104 ie		6/3/2014							
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient committe	ee)					
COMMITTE	E/FILER'S NAME	·	NAME OF TREA	SURER						
STREET AD	DDRESS (NO P.O. BOX)		MAILING ADDRE	ESS						
CITY	STATE Z	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DDE AREA CODE	PHONE			
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS						
2. Name o	of Candidate or Measure Supp	orted or Opposed								
NAME OF CA	<u>' '</u>	описи сп орресси	OFFICE SOUGHT OR HE	ELD AND DISTRICT, IF A	PPLICABLE		PPORT OPPOSE			
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUF	PPORT OPPOSE			
-	endent Expenditures Made Attac	h additional information on appropria				CUMULATI CALENI	VE TO DATE DAR YEAR			
DATE 12/24/2013	NAME AND ADDRESS		DESCRIPTION OF I		\$27,052.50	(JAN.1 -	DEC.31)			
12/24/2013	Reseda, CA 91335 OPPOS		SING OTHERS on Circulating in Support of		921,032.30	φ.υυ				
12/24/2013	Harwig and Harwig Santa Cruz, CA 95062	OPPOSING OTH		ES SUPPORTING / Initiative AG#13-0022	\$51,000.00	\$.00				
12/31/2013	Star Petition Group Pasadena, CA 91103	OPPO	PENDENT EXPENDITUR SING OTHERS on Circulating in Support of		\$34,513.60	\$.00				

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 3/21/2014	CALIFORNIA FORM	65	
		Amendment (Explain Be	low) through 12/31/20	13		Page ⁴ of	8	
	Amendment No 001	Amend to add an additional expense	Date of election i (Month, Day	f applicable:		For Official Use Only		
	Report No	_	6/3/2014					
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient committ	ee)			
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER				
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDRI	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE	
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
2. Name o	f Candidate or Measure Su	pported or Opposed				CUE	CK ONE	
NAME OF CA			OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE CHECK ONE SUPPORT OPPOSE					
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE	
3. Indepe	ndent Expenditures Made A	1	riately labeled continuation		AMOUNT	CUMULATIVE T CALENDAR (JAN.1 - DEC	YEAR	
12/30/2013	/30/2013 Tyler Endsley St. Joseph, MO 64507 OI		DEPENDENT EXPENDITURES SUPPORTING / POSING OTHERS tion Circulating in Support of Initiative AG#13-0022					
12/30/2013	El Cajon, CA 92019 OPPO		NDEPENDENT EXPENDITURES SUPPORTING / DPPOSING OTHERS Petition Circulating in Support of Initiative AG#13-0022 \$.00					
Carlsbad, CA 92008		DEPENDENT EXPENDITURE POSING OTHERS nature Gathering						

Supplemental Independent Expenditure Report (Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 3/21/2014	CALIFORNIA FORM	65	
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Be	low) through 12/31/20	13		Page 5 of	8	
	Amendment No 001	Amend to add an additional expense	Date of election i	f applicable:		For Official Use 0		
	Report No 163104 ie	_	6/3/2014					
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient committ	ee)			
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER				
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP CC	DE AREA CODE/PHO	ONE	
OPTIONAL: I	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS				
2. Name o	f Candidate or Measure Su	pported or Opposed				CHE	CK ONE	
NAME OF CA	NDIDATE		OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT OPPOSE					
NAME OF BA	LLOT MEASURE		BALLOT NO./LETTER JURISDICTION SUPPOR					
•	ndent Expenditures Made A		•			CUMULATIVE T		
DATE 12/19/2013	NAME AND ADDRE		DESCRIPTION OF		\$65,076.20	(JAN.1 - DEC \$736,660.06	C.31)	
12/17/2013	Carlsbad, CA 92008		INDEPENDENT EXPENDITURES SUPPORTING / OPPOSING OTHERS Signature Gathering \$65,076.20 \$736,660.06					
12/17/2013	Sacramento, CA 95814 OPPO		INDEPENDENT EXPENDITURES SUPPORTING / \$12,647.17 \$736,660.06 OPPOSING OTHERS Professional Services			\$736,660.06		
Sacramento, CA 95814 OP		EPENDENT EXPENDITURES SUPPORTING / S4,622.21 \$736,660.06 essional Services						

Supplemental Independent Expenditure Report Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENT. Date Stamp 3/21/2014	CALIFORNIA FORM	-65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Be	low) through 12/31/20	013		Page <u>6</u> of _	8
	Amendment No 001	Amend to add an additional expense		f applicable:		For Official Use Only	
	Report No 163104 ie	-	6/3/2014				
1. Commi	ttee/Filer Information	I.D. NUMBER (if recipient committee	Treasure	(If recipient commit	tee)		
COMMITTEE	F/FILER'S NAME		NAME OF TREA	SURER			
STREET ADI	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	- CITY		STATE ZIP CC	DE AREA CODE/PHO	ONE
OPTIONAL: FAX/E-MAIL ADDRESS OPTIONAL: FAX/E-MAIL ADDRESS							
2. Name o	f Candidate or Measure Sup	oported or Opposed	OFFICE SOUGHT OR H	ELD AND DISTRICT, IF	APPLICABLE		CK ONE
NAME OF BAI	LLOT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	T OPPOSE
3. Indepe	ndent Expenditures Made A	ttach additional information on approp	riately labeled continuation	n sheets.		CUMULATIVE T CALENDAR	O DATE
DATE	NAME AND ADDRE	SS OF PAYEE	DESCRIPTION OF	EXPENDITURE	AMOUNT	(JAN.1 - DEC	
12/13/2013	Sacramento, CA 95814 OPPO		DEPENDENT EXPENDITUI POSING OTHERS nsulting Services				
10/28/2013	Sacramento, CA 95814 OPPOS		NDEPENDENT EXPENDITURES SUPPORTING / \$30,010.02 \$736,660.06 PPPOSING OTHERS Consulting Services				
Sacramento, CA 95814 OPP		EPENDENT EXPENDITURES SUPPORTING / \$30,010.25 \$736,660.06 DSING OTHERS ulting Services					

Supplemental Independent Expenditure Report Government Code Sections 84203.5)		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 3/21/2014	CALIFORNIA FORM	65
SEE INSTRUCT	TIONS ON REVERSE	Amendment (Explain Bel	ow) through <u>12/31/20</u>	13		Page <u>7</u> of _	8
	Amendment No 001	Amend to add an additional expense		f applicable:		For Official Use Only	
	Report No 163104 ie	_	6/3/2014				
1. Commi	ittee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient commit	itee)		
COMMITTEE	E/FILER'S NAME		NAME OF TREA	SURER			
STREET AD	DRESS (NO P.O. BOX)		MAILING ADDR	ESS			
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP CO	DE AREA CODE/PHO	ONE
OPTIONAL:	FAX/E-MAIL ADDRESS		OPTIONAL: FAX	/E-MAIL ADDRESS			
2. Name o	of Candidate or Measure Sup	pported or Opposed	OFFICE SOUGHT OR HI	ELD AND DISTRICT, IF	APPLICABLE		CK ONE
NAME OF BA	ALLOT MEASURE		BALLOT NO./LETTER JURISDICTION S				
	ndent Expenditures Made A	1			l wount	CUMULATIVE T CALENDAR	YEAR
12/31/2013	Sacramento, CA 95814 OPI		EPENDENT EXPENDITUI	EPENDENT EXPENDITURES SUPPORTING / \$22,822.51 \$736,660.06			C.31)
12/31/2013	Sacramento, CA 95814 OPPC		NDEPENDENT EXPENDITURES SUPPORTING / \$19,145.09 \$736,660.06 PPOSING OTHERS offessional Services				
Los Angeles, CA 90067		EPENDENT EXPENDITURES SUPPORTING / \$1,233.00 \$736,660.06 OSING OTHERS essional Services					

Supplemental Independent Expenditure Report (Government Code Sections 84203.5) SEE INSTRUCTIONS ON REVERSE		Type or print in ink. Amounts may be rounded to whole dollars.	Report cover		SUPPLEMENTA Date Stamp 3/21/2014	CALIFORNIA 4 FORM	65	
		■ Amendment (Explain Bel	ow) through <u>12/31/20</u>	013		Page 8 of 8	3	
Aı	mendment No 001	Amend to add an additional expense	Date of election i	if applicable:		For Official Use C		
	Report No 163104 ie	_	6/3/2014					
1. Committe	ee/Filer Information	I.D. NUMBER (if recipient committee)	Treasure	(If recipient comm	nittee)			
COMMITTEE/FI	ILER'S NAME		NAME OF TREA	SURER				
STREET ADDR	ESS (NO P.O. BOX)		MAILING ADDR	ESS				
CITY	STATE	ZIP CODE AREA CODE/PHONE	CITY		STATE ZIP COL	DE AREA CODE/PHO	DNE	
OPTIONAL: FAX	X/E-MAIL ADDRESS		OPTIONAL: FAX	(/E-MAIL ADDRESS				
2. Name of (Candidate or Measure Su	pported or Opposed				CHEC	CK ONE	
NAME OF CAND	DIDATE		OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE SUPPORT OPPOSE					
NAME OF BALLO	OT MEASURE		BALLOT NO./LETTER	JURISDICTION		SUPPOR	OPPOSE	
•	dent Expenditures Made A		•		AMOUNT	CUMULATIVE TO CALENDAR	YEAR .	
12/31/2013	Sacramento, CA 95814 OPPO		DESCRIPTION OF EXPENDITURE EPENDENT EXPENDITURES SUPPORTING / \$3,166.96 POSING OTHERS Fessional Services AMOUNT (JAN.1 - I (JAN.1 - I I I I I I I I I I I I I I I I I I			(JAN.1 - DEC \$736,660.06	.31)	
12/31/2013	Los Angeles, CA 90067 OPPO		IDEPENDENT EXPENDITURES SUPPORTING / \$3,166.96 \$.00 PPOSING OTHERS of Support of Initiative AG#13-0022			\$.00		
		CITION CIRCULATING tion Printing		\$5,220.00	\$736,660.06			

Supplemental Independent

Type or print in ink. Amounts may be rounded

	SUPPLEMEN	ITAL INDEPENDE	NT EXPENDITU	RE
F	Report covers period	CALIFOR	NIA 165	1
rom _	1/1/2013	FORM	405	<u> </u>
hrough	12/31/2013	Page 9	of 8	

\mathbf{E}	Expenditure Report		to	whole dollars.			FOR	ORNIA 465		
	•				from	1/1/2013	FOR			
SEE	E INSTRUCTIONS ON REVERSE				through	12/31/2013	Page <u>9</u>	of <u>8</u>		
NAI	ME OF FILER						I.D. NUMB	ER (If recipient com.)		
Cal	lifornia Hospitals Committee on Issues, (CHCI) Sponsored by C	California Associatio	on of Hospitals and Health	Systems (CAHHS)			880212			
4.	Summary									
	1. Total independent expenditures made of \$100 or more this period. (Part 3.)									
	2. Total independent expenditures under \$1		\$0.00							
	3. Total independent expenditures made this	s period (Add L	_ines 1 + 2.)				TOTAL	\$736,660.06		
5.	Filing Officers Enter the name and address of	of each filing office	er with whom the filer's m	ost recent campaign statemer	nts (Form 45	0, 460 or 461) have been	filed.			
	1) NAME OF FILING OFFICER			3) NAME OF FILING C	OFFICER					
	Secretary of State									
	ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
	CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE		
	Sacramento	CA	95814							
	2) NAME OF FILING OFFICER			4) NAME OF FILING C	OFFICER					
	ADDRESS (NO. AND STREET)			ADDRESS		(NO. AND STREET)				
	CITY	STATE	ZIP CODE	CITY			STATE	ZIP CODE		

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on	3/21/2014	By Thomas W. Hiltachk Thomas W. Hiltachk Thomas W. Hiltachk Thomas W. Hiltachk
	DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on	3/21/2014	By Lois Suder Lois Suder Lois Suder
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
Executed on		By
	DATE	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT